

Name
in
Full

David J. Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Tow.	County	MARYLAND		
Baltimore	Baltimore				
Date of death	Month	Day	Years	Months	Days
1908	April	7	50		
Sex	Color or Race	Age	Birth-place		
Male	White	50	Baltimore		
Occupation	Where Residing if not at place of death				
Contractor	Delair 1st Franklin				
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace		
Single	E. S. Adams	E. S. Adams	Baltimore		
Mother's Maiden Name	Wadsworth	Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	J. E. Wise		How related to deceased		
			Relative		

CAUSES OF DEATH

79

How long

How long

Primary

Cardiac Hypertrophy

Sense for
sudden

Immediate

Dilatation - failure

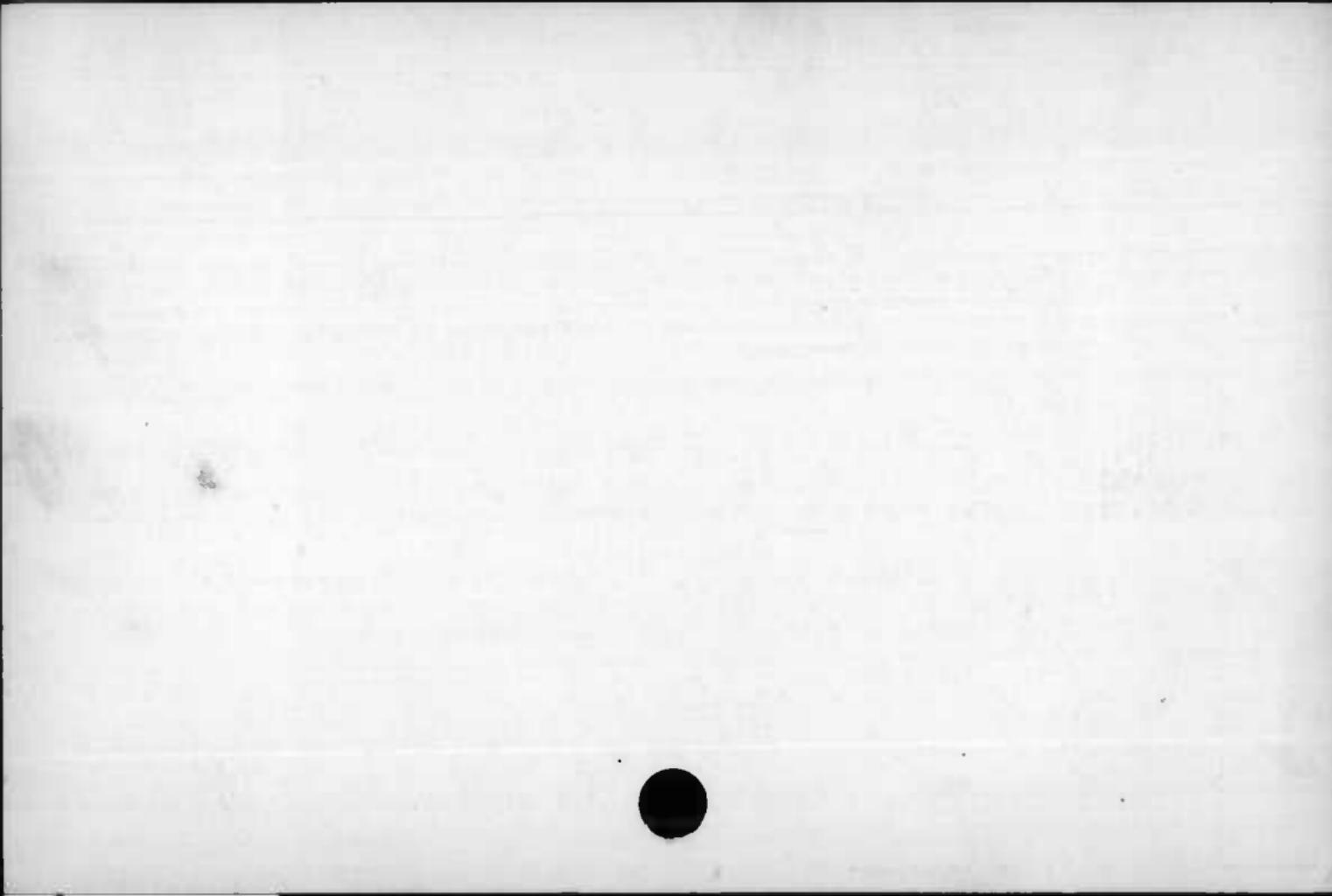
Sudden

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Mary C Bridell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Berlin		Rossville			
Date of death 1908	Month 4	Day 6	Years 25	Months	Days
Sex Female	Color or Race Blk	Birth-place Ind			
Occupation House wife	Where Residing if not at place of death				
Married, Single Widowed	Name of Wife or Husband Isaac Bridell	Father's Birthplace Street			
Father's Name Elvior Showell	Mother's Birthplace McIntire				
Mother's Maiden Name Bill Pitts	How related to deceased	Daughter			
Name of person giving information Thos Parsons					

CAUSES OF DEATH

27

Pulmonary Tuberculosis 6 months

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

jno

Address

Hob. Tyndale
Berlin

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J. J. Coffie				CERTIFICATE OF DEATH							
Died at		Town	Sympson	County	MARYLAND						
Date of death	1908	Month	4	Day	25	Years	70	Months	—	Days	—
Sex	Male	Color or Race	White	Birth-place	Md						
Occupation	Karmer	Where Residing if not et place of death			—						
Married, Single Widow	Widow	Name of Wife or Husband	Bread	Unknown							
Father's Name	Major Coffie	Father's Birthplace	Md.								
Mother's Maiden Name	Julia Coffie	Mother's Birthplace	Md.								
Name of person living In formation	Geo W Burbage	How related to deceased	Moser.								

CAUSES OF DEATH

64

How long

24 hrs

How long

Primary

Cerebral Aproplexy

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Covriickson
Berlin

Accident or Suicide?

Apr. 27/04.

Name
in
Full

Columbus Collins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

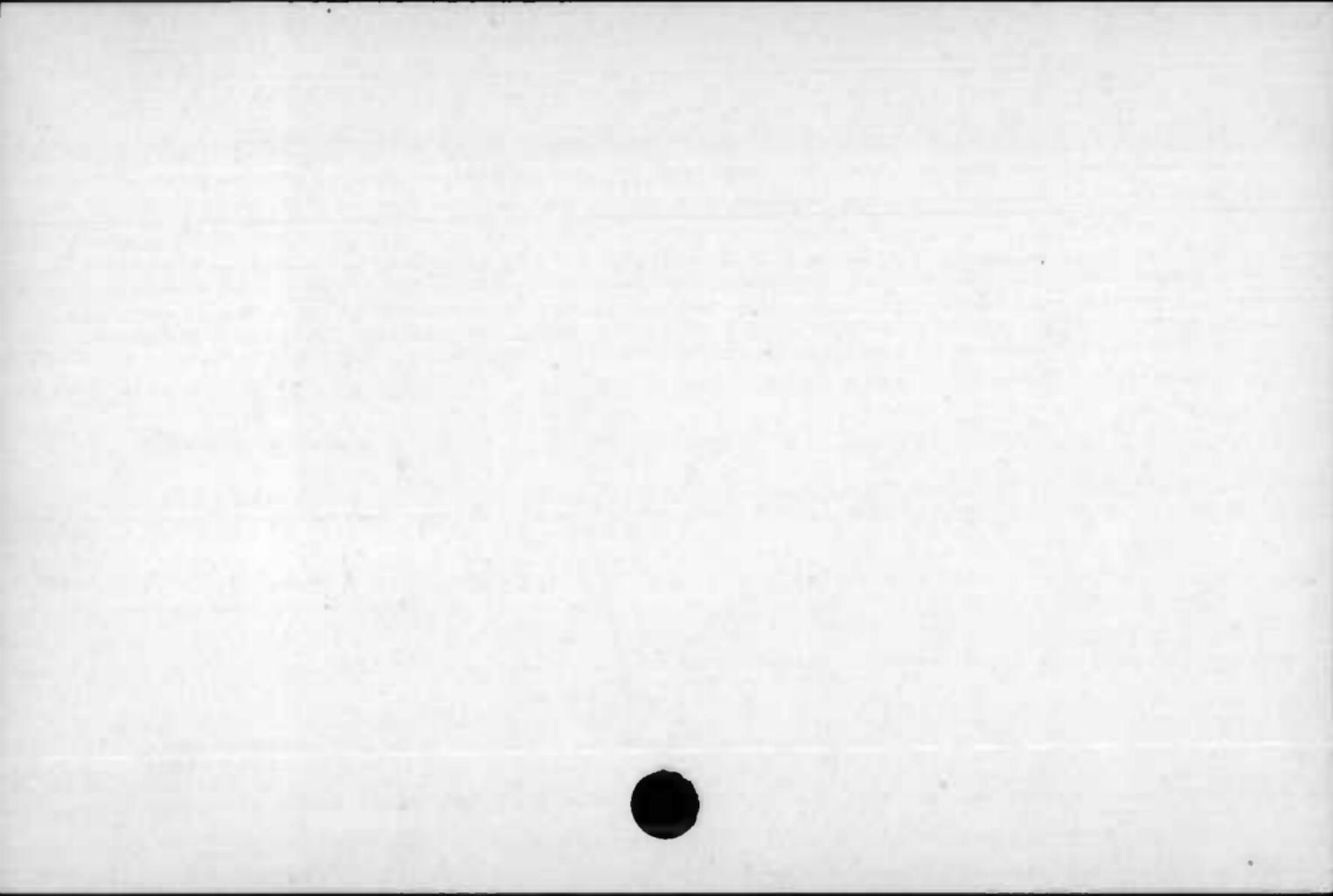
Died at <u>Snow Hill</u>		County <u>Shoreaster Co.</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>April</u>	Day <u>28</u>	Years <u>23</u>	Months <u>8</u>	Days <u>+</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Snow Hill</u>			
Occupation <u>Laborer by day</u>		Where Residing if not at place of death <u>Snow Hill Md.</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Jos. B. Collins</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Caroline Collins</u>	Mother's Birthplace <u>Md</u>				
Name of person giving Information <u>Ella Collins</u>	How related to deceased <u>sister</u>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis of Lung</u>	How long <u>12 months</u>
Immediate <u>Hemorrhage</u>	How long <u>10 minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>John S. Aydelotte</u>
	Address <u>Snow Hill</u>
Accident or Suicide? <u>—</u>	<u>Md.</u>



Name
in
Full

Lis Kersan

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth- place	Place
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Name	Father's Birthplace	Place
Mother's Maiden Name	Mother's Name		Mother's Birthplace	Place	Place
Name of person giving Information	How related to deceased				

1908 4 28 _____ 2

Female Col. Md.

Occupation

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Mother's Maiden Name

Name of person giving Information

Clarence Dickman

Donald Anderson

Hannah Cosler

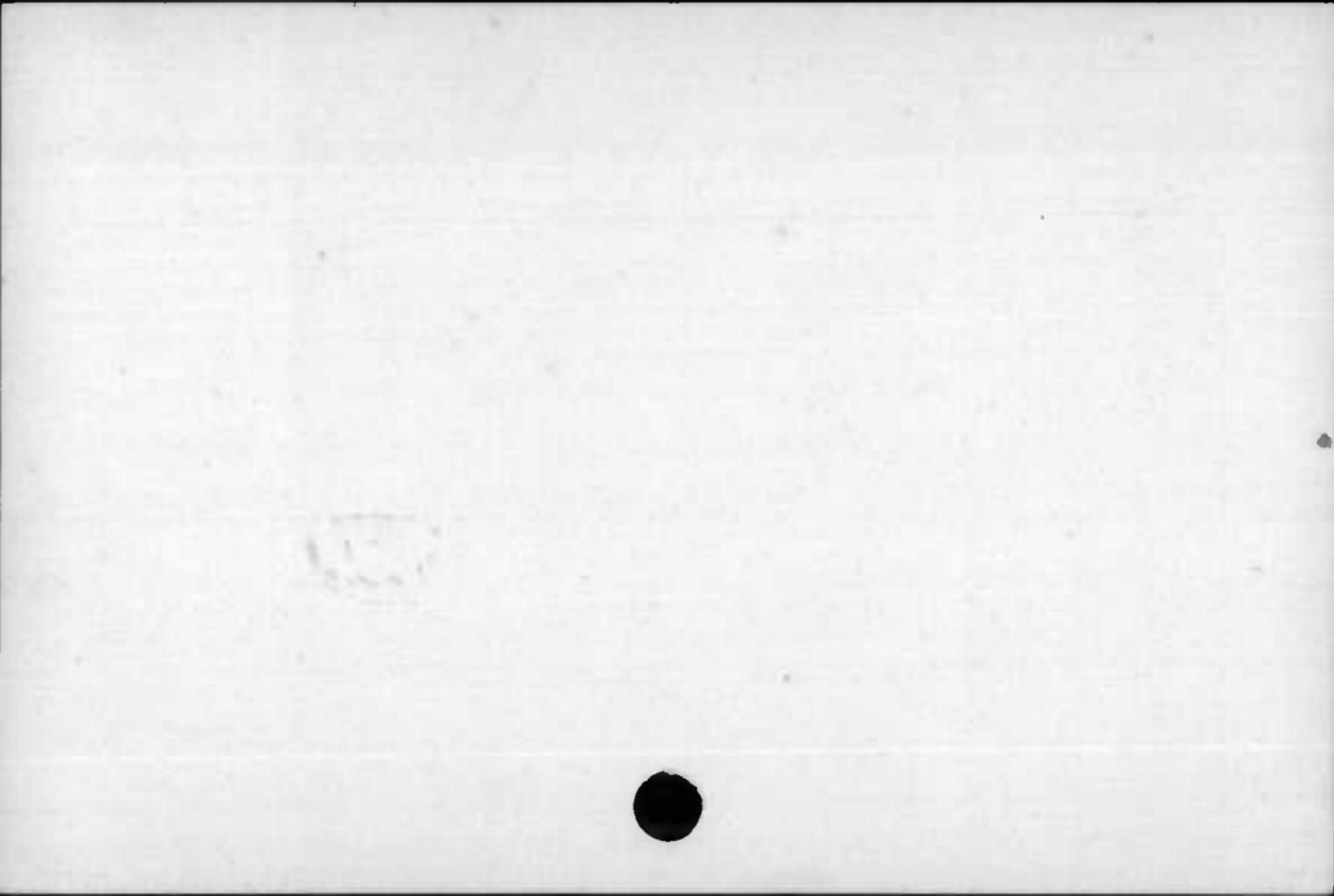
How related to deceased

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Premature birth. Vi		How long	7 Month
Immediate	Weakness		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
I		A. N. Willey Processor		
Accident or Suicide?				



Name
in
Full

Ellen Griffen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Cos. Neck near Berlin		Wor				
Date of death	Month	Day	Years	Months	Days	
1908	4	27	57	—	—	
Sex	Female	Color or Race	white	Birth-place	Md	
Occupation	Farmers Wif			Where Residing if not at place of death	W. J. Griffen	
Married, Single Widowed	Mother of Wilson Husband					
Father's Name	Thos. Bradford			Father's Birthplace	Md	
Mother's Maiden Name	Rachel			Mother's Birthplace	Md	
Name of person giving information	Jno H. Burbage			How related to deceased	None	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Interstitial Nephritis

How long

2 years

Immediate

Diseases & Convalescence

How long

2 days.

Are the name, age, sex, color, date and place correctly given above?

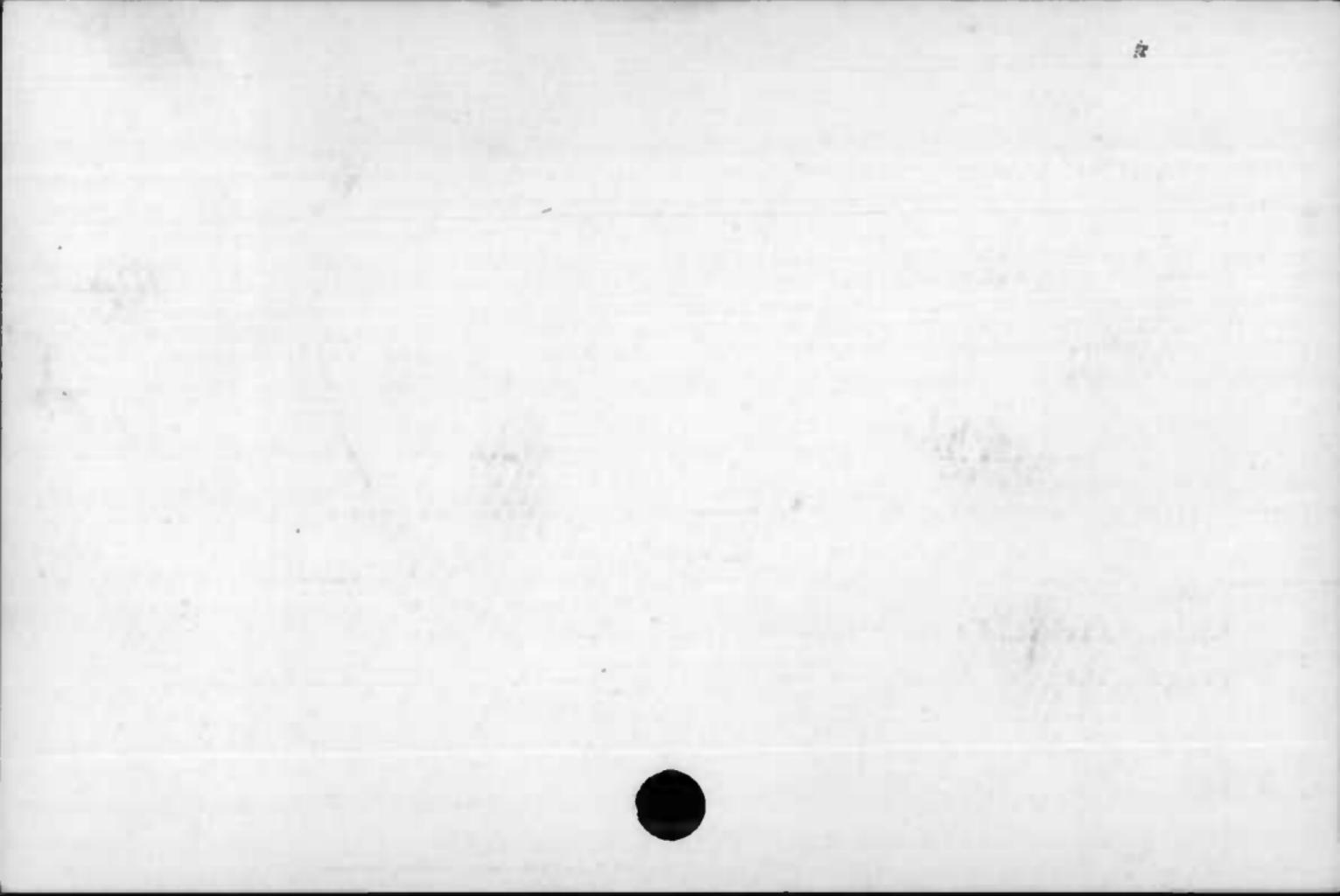
yes

Signature of Physician

Address

Isabel Tyndale
Berlin

Accident or Suicide?



Name
in
Full

Rate J. Hammond

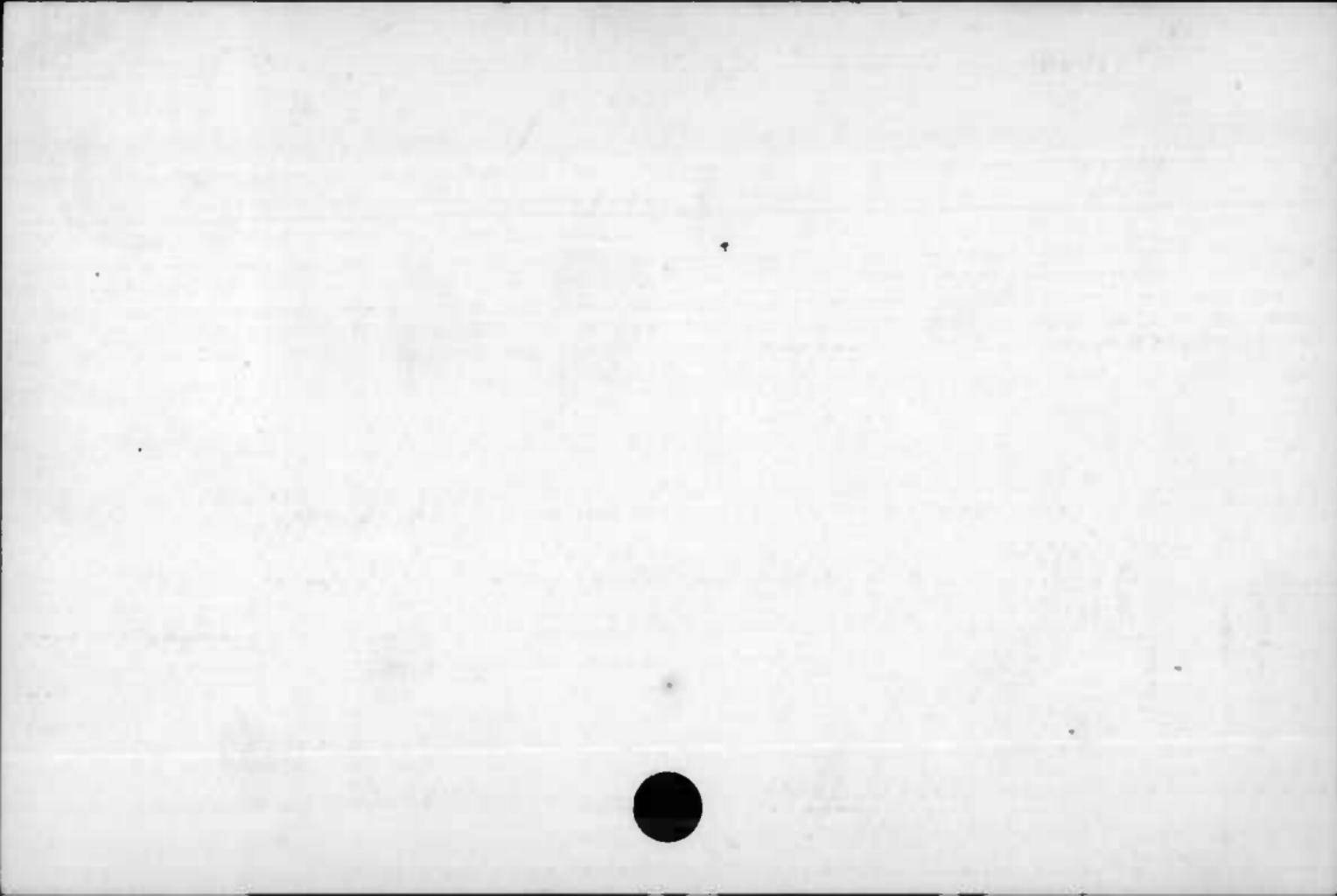
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death			—	
Married, Single or Widowed	Name of Wife or Husband			—	
Father's Name	Serge J. Hammond			Father's Birthplace	Sud
Mother's Maiden Name	Esther S. Loudon			Mother's Birthplace	Sud
Name of person giving information	K. E. Waie			How related to deceased	Spouse
CAUSES OF DEATH					
Primary	Arteris Schlerosis from Pneumonia			64	How long
Immediate	Aptoplexy-Cerebral			16 years	How long
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	C. W. Dickey, M.D.	
			Address	Berlin Md	

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Solman Lee Hibray					CERTIFICATE OF DEATH		
Died at	Town		County		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Male	Color or Race	White	Birth-place	End:		
Occupation	Where Residing if not at place of death						
<u>M</u> , Single or Widowed	Name of Wife or Husband						
Father's Name	Andrew J. Hibray						
Mother's Maiden Name	Eliza E. Cross						
Name of person giving information	Andrew J. Hibray						

CAUSES OF DEATH

166

Primary

Killed by Waggon

How long

at once

Immediate

Yes

at once

Are the name, age, sex, color, date and place correctly given above?

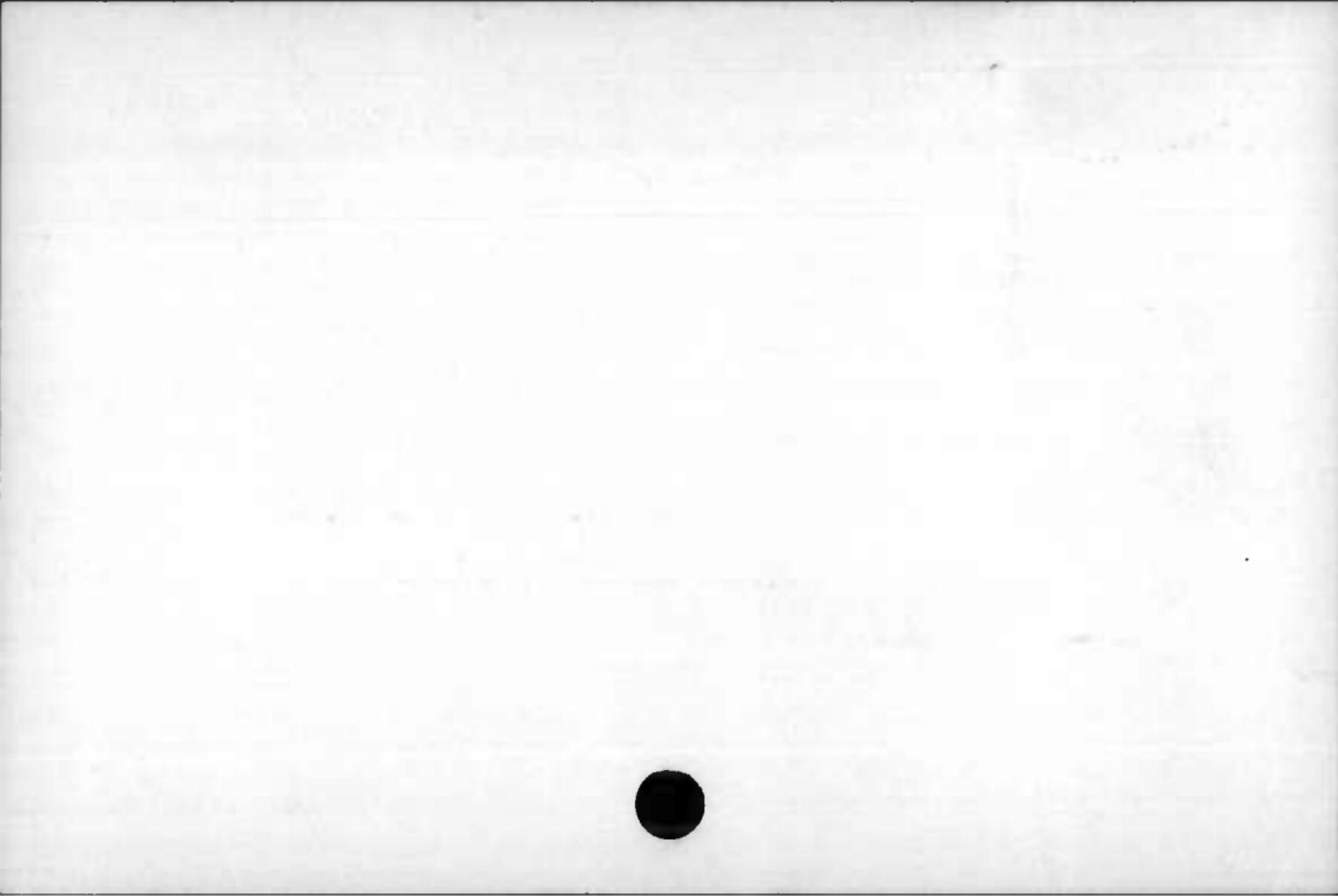
Signature of Physician

Address

Wm. O'Flahue Jr.
Stockton Minn.

Accident or Suicide?

accident



Name
in
Full

Hattie Hughes.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Hattie Hughes.				
Father's Name	Sonis Blane					Father's Birthplace
Mother's Maiden Name	May Blane					Mother's Birthplace
Name of person giving Information	Hattie Hughes					How related to deceased

27

PHYSICIAN
OR CORONER

Primary

Hattie Hughes

How long

1 yr.

Immediate

Exhaustion

How long

2 m

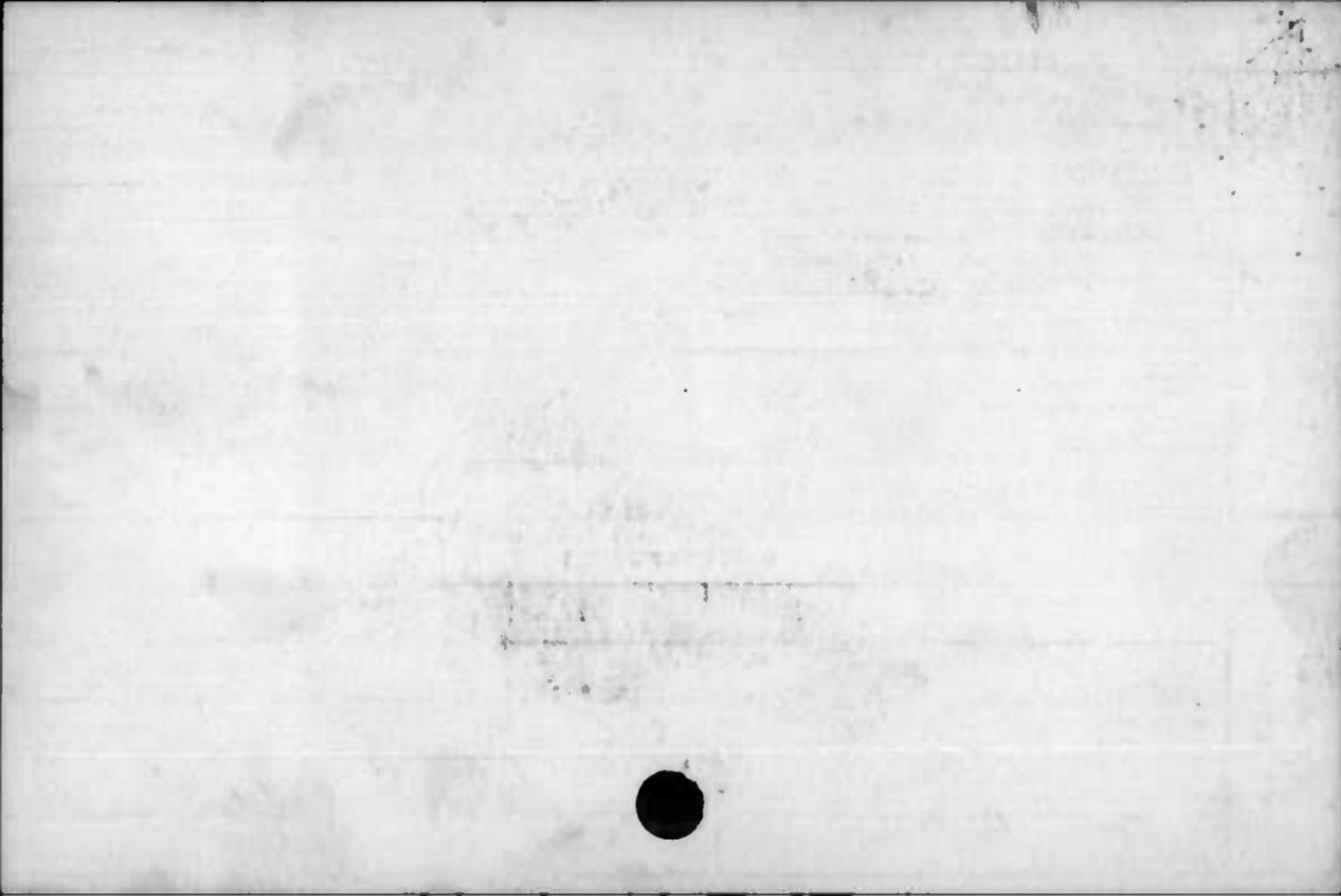
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. M. Wilson
Omwaukee City

Accident or Suicide?



Name
in
Full

Mary Jane Jester

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	4	13	67			
Sex	Color or Race		white	Birth-place		
Female			white	Va		
Occupation	Where Residing if not at place of death					
Housewife	Wm. Jester					
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace			
Married	Wm. Jester		Dont Know			
Father's Name	Edward Jester		Mother's Birthplace			
Mother's Maiden Name	Jane Mattheson		Dont Know			
Name of person giving Information	Elizabeth Jester		How Related to deceased			
			Dont Know			

CAUSES OF DEATH

64

Primary Cerebral Hemorrhage

How long

14 hours

Immediate Collapse

How long

4 hours.

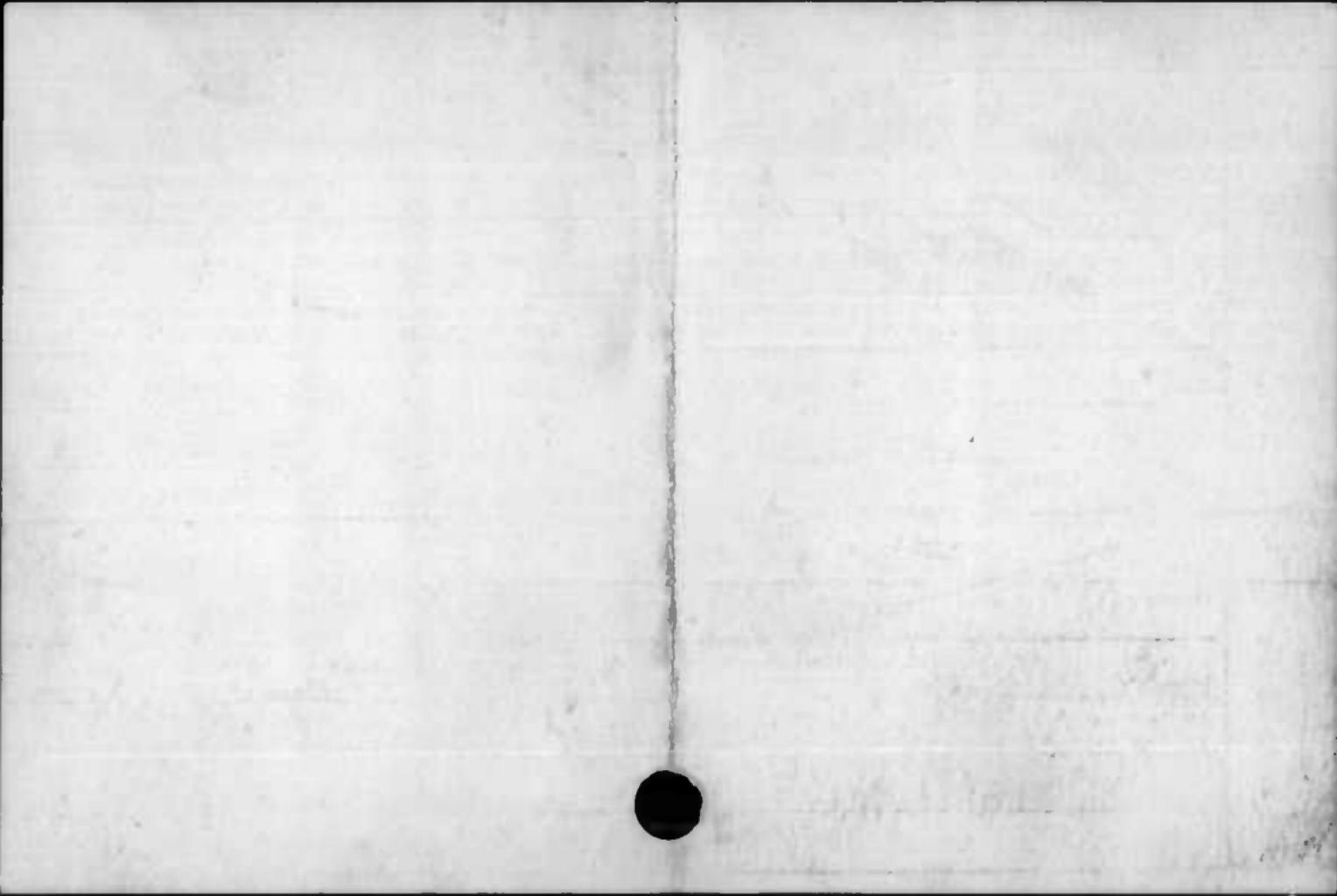
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Wilson
Forensics City

Accident or Suicide?



Name
in
Full

Mariah Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Annie G.		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Dout snow		Dout know	
Father's Name	Dout know		Father's Birthplace	Dout know	
Mother's Maiden Name	Dout know		Mother's Birthplace	Dout know	
Name of person giving Information	Dout to Long		How related to deceased	Dout	

CAUSES OF DEATH

27

Primary	Pulmonary tuberculosis	How long
Immediate	Exhaustion	How long

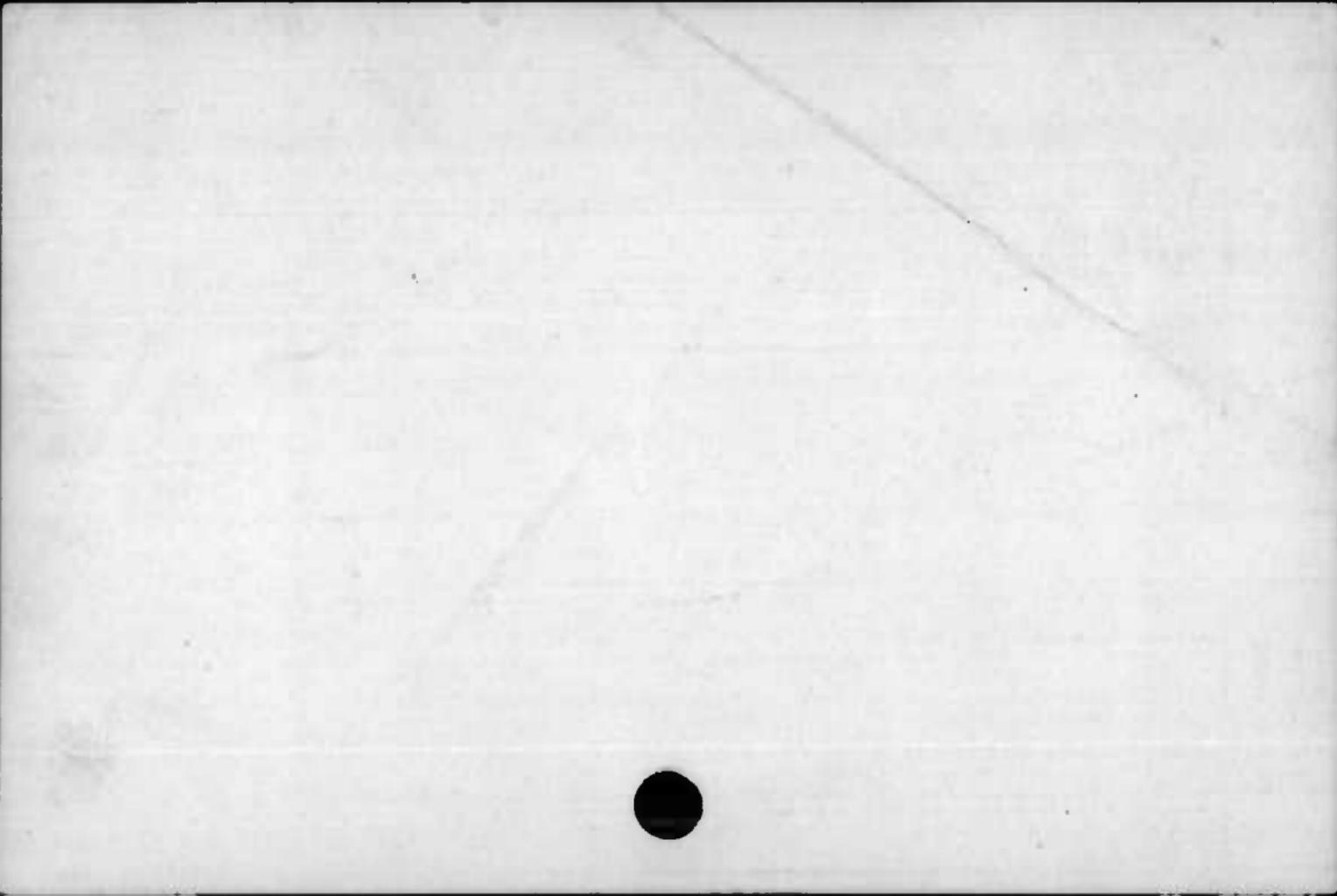
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. R. Hall
Pocomoke City, Md.

Accident or Suicide?



Name
in
Full

Uriah F. Shockley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Snow Hill	Worcester			
Date of death	Month	Day	Years	Months	Days
1909	April.	13	16	6	4-
Sex	Color or Race	Birth-place			
Male	White	Ind			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Julia A. Shockley			
Father's Name	Peter Shockley				
Mother's Maiden Name	not known				
Name of person giving information	P. M. Took				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Seach disease

How long

Instantly

Immediate

" "

How long

"

Are the name, age, sex, color, date and place correctly given above?

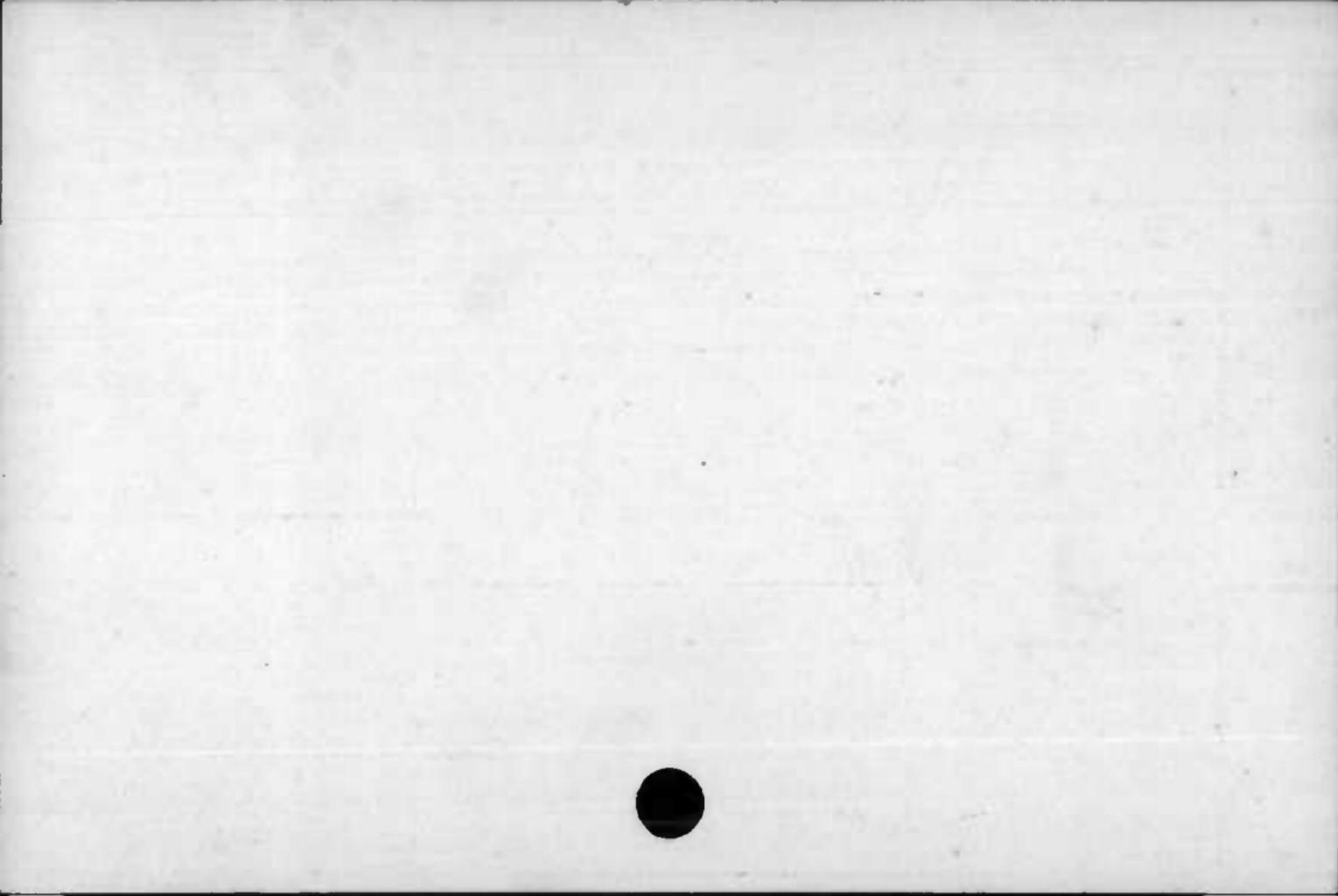
yes

Signature of Physician

Address

Lakeview
Snow Hill Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Stockley

CERTIFICATE OF DEATH

Died at

Potowmuk

Town

County

MARYLAND

Date
of death

1908

Month

4

Day

16

Years

-

Months

-

Days

2

Age

Sex

Female

Color or
Race

Col.

Birth-
place

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Charles Stockley

Father's
Birthplace

Md.

Mother's
Maiden Name

Hattie Dunn

Mother's
Birthplace

Md.

Name of person giving
Information

Harnett Long

How related
to deceased

son

CAUSES OF DEATH

151

Primary

Fracture Birth

How long

Immediate

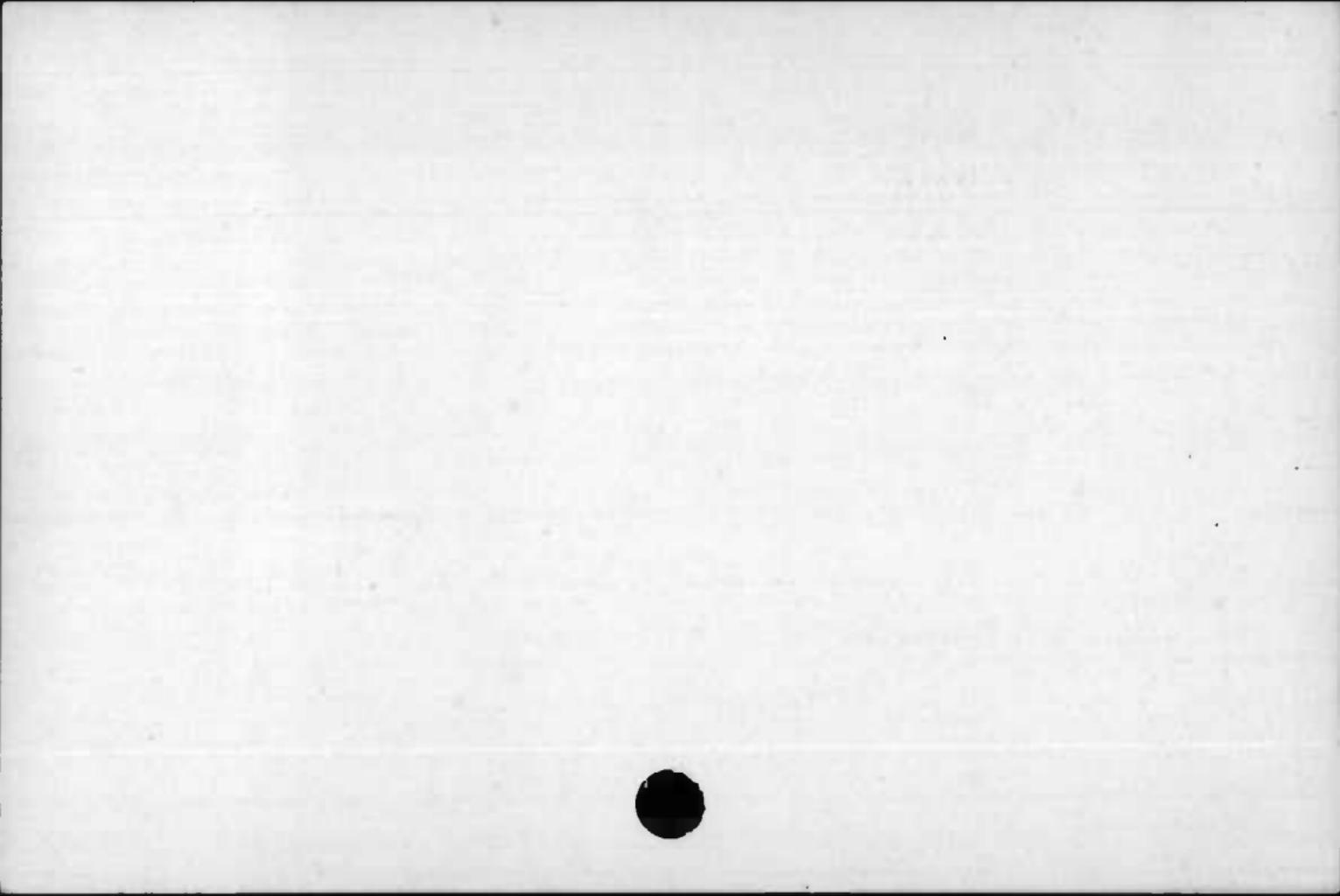
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Willis

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Killiay Nesley Taylor
mae Poemohk

CERTIFICATE OF DEATH

MARYLAND

Died at Town County
Date Month Day Years Months Days
of death 1908 4 4 Age 63 1 12

Sex Male Color or Birth-place
Occupation Farmer Md.

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Married Elias Taylor

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Keaton

Mother's
Birthplace

Md

Name of person giving
Information

Sloyd C Chapman

How related
to deceased

Sister

CAUSES OF DEATH

120

How long

5 days

3 days

Primary

Thaumia

Immediate

Chomatias

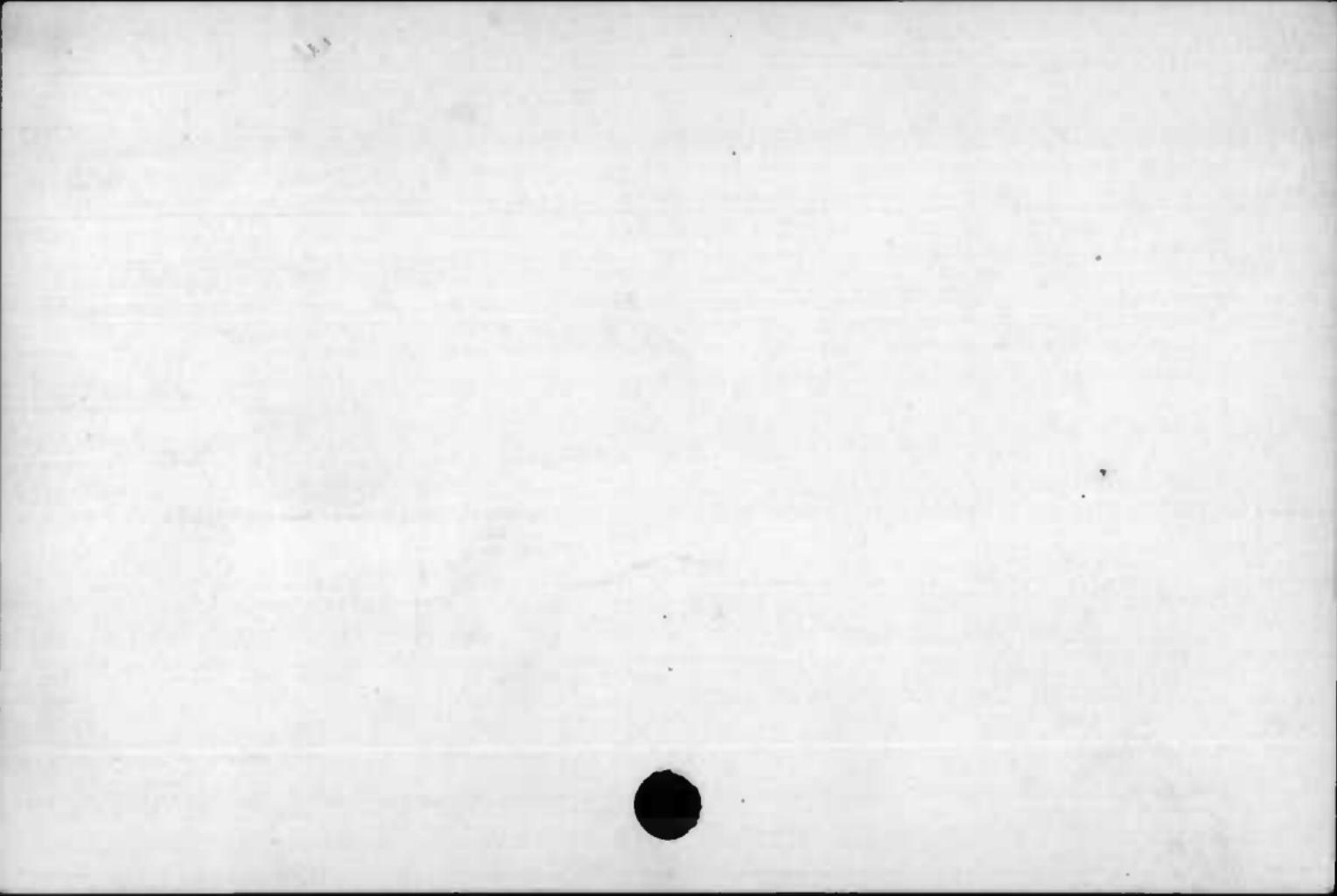
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. M. Miller
Poemohk City

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Mrs Lizzie Thorsey					CERTIFICATE OF DEATH		
Died at	Town	County			MARYLAND		
Date of death	Month	Day	Years	Months		Days	
Sex	Color or Race	Age	44				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	James Thorsey					
Father's Name	Jerry B. Taylor				Father's Birthplace	Maryland	
Mother's Maiden Name	Therah Leffler				Mother's Birthplace	Maryland	
Name of person giving information	Maggi Mc Kee				How related to deceased	Sister	
CAUSES OF DEATH					74		
Primary	Neuropathia with General Blood			How long		20 yrs	
Immediate	Innervation			How long		3 months	

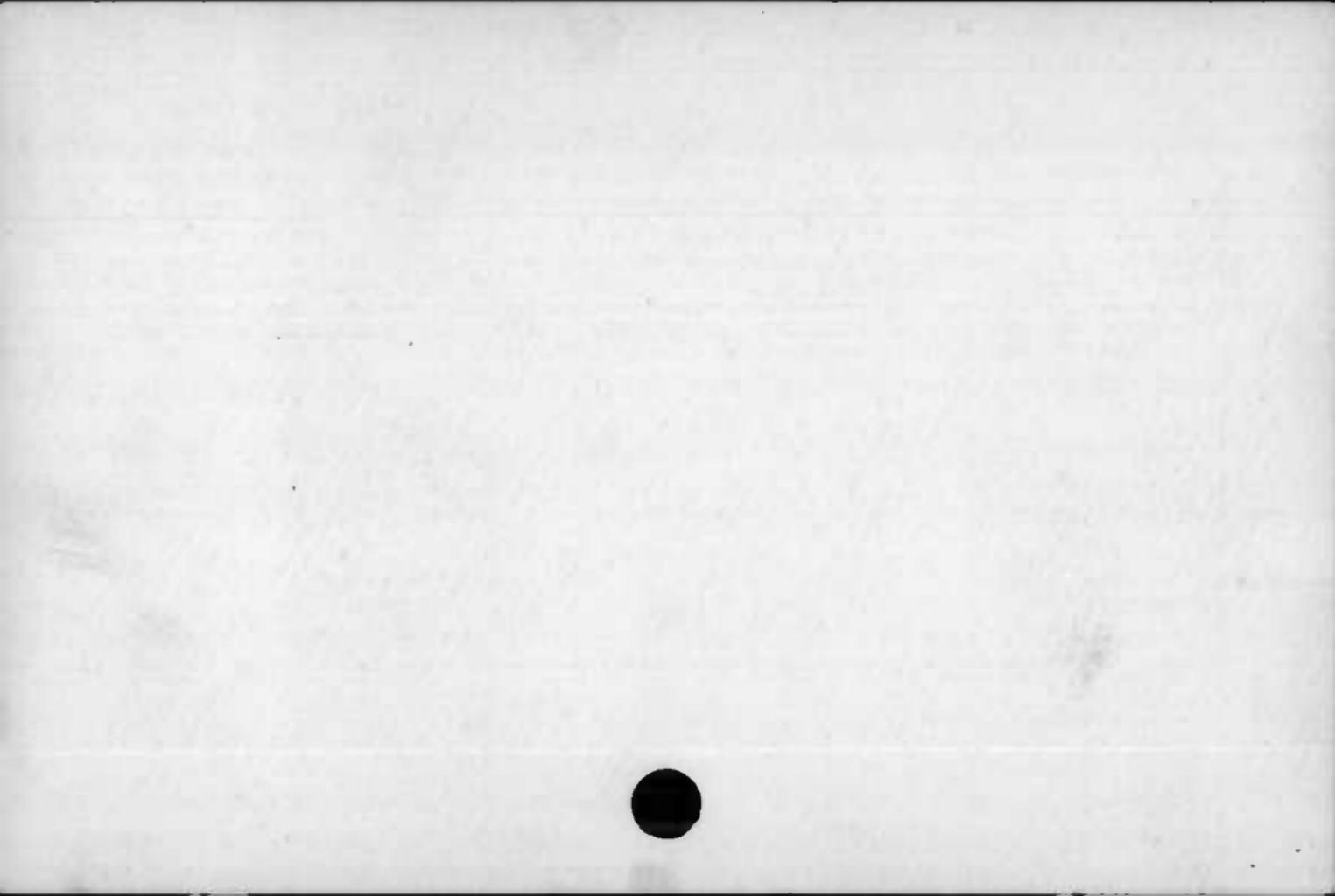
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Accident or Suicide? —

Signature of Physician
Address

C. Wadrikson
Berlin, Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER.

Jackie M. Wilkerson

CERTIFICATE OF DEATH

Died at Bishop Rd #1			County Worcester			MARYLAND		
Date of death 1908	Month April	Day 12	Age 30	Years	Months	Days		
Sex Female	Color or Race White		Birth-place Maryland					
Occupation House Work	Where Residing if not at place of death At Home							
Married, Single or Widowed Married	Name of Wife or Husband Robert S. Wilkerson							
Father's Name Thomas Willey	Father's Birthplace Maryland							
Mother's Maiden Name Martha Richardson	Mother's Birthplace Maryland							
Name of person giving information Robert S. Wilkerson	How related to deceased Husband							

CAUSES OF DEATH

20

Primary

Septicemia

How long

Two weeks
two nups

Immediate

Septicemia

How long

Are the name, age, sex, color, date and place correctly given above?

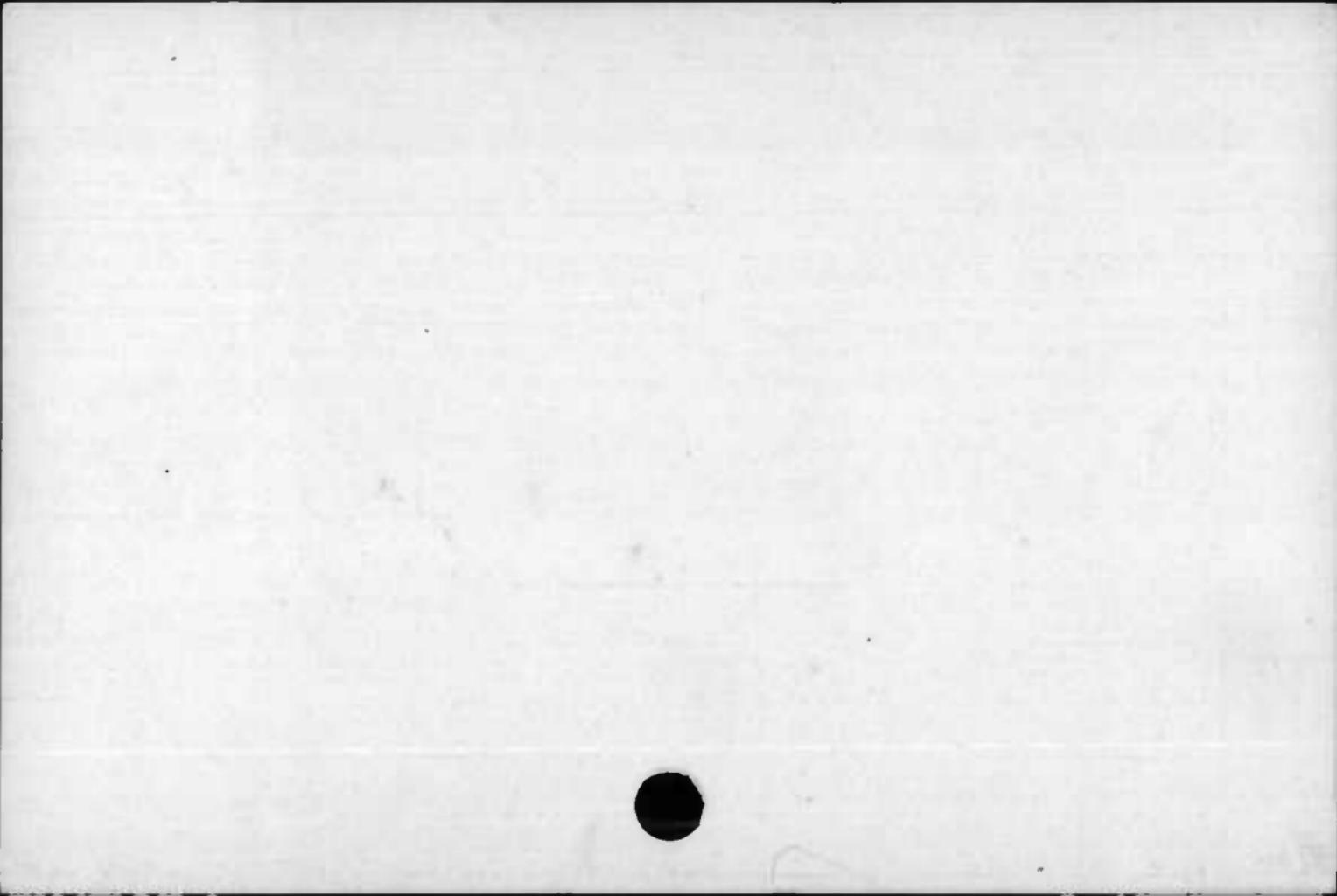
Yes

Signature of Physician

Address

P. Drifins
Bushy Hill
Md.

Do you know
Incident of Suicide?



Name
in
Full

James E Wise

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1908	Month 4	Day 12	Years 42	Months "	Days ~	
Sex Male	Color or Race White	Birth-place Md				
Occupation Undertaker	Where Residing if not at place of death		Md			
Married, Single Widowed	Name of Wife or Husband			unmarried		
Father's Name James E Wise	Father's Birthplace Md					
Mother's Maiden Name Elizabeth Stark	Mother's Birthplace Md					
Name of person giving information Mrs Websterage	How related to deceased		None			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

20 years

Immediate

Pneumonia.

How long

14 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Gadot. P. Henry.
Berlin

Accident or Suicide?

Address

Maryland

